

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11130

BIRTH NO. 94827-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 11130

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 1 c. CITY (If outside corporate limits, write RURAL and give township) St. Louis TOWN St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary STREET ADDRESS 2530 Bacon	
3. NAME OF DECEASED (Type or Print) Baby a. (First) Infant b. (Middle) White c. (Last) Turner		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 50	
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH Dec. 19th, 1950
9. AGE (In years last birthday) 2		10. CITIZEN OF WHAT COUNTRY? 0	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Robert Williams		13b. MOTHER'S MAIDEN NAME Magnolia White	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Magnolia White ADDRESS 2530 Bacon St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 776X		22. I hereby certify that I attended the deceased from Dec 19, 1950, to Dec. 20, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 3:00 P.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Leonard A. Henderson		23b. ADDRESS 3604 15th St. E. St. Louis	
23c. DATE SIGNED 12/26/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/28/50		24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington	
24d. LOCATION (City, town, or county) Centerville Twp, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE R.M.C. Green ADDRESS 3517 Laclede Ave.	
DATE REC'D BY LOCAL REG. DEC 27 1950		REGISTRAR'S SIGNATURE J.B. Luster	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Melvin E. Green

Signed
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.